24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Rise USA	C C00571372
	O seed to 1
Check if 24-hour report X 48-hour report New report Amends report filed	i on M M / D D / Y Y Y Y
Full Name of Payee Redwave Communications LLC	Date of Public Distribution/Dissemination
	01 / 05 / Y Y Y Y Y Y
Mailing Address 4019 Ingersoll Ave	Amount
City State Zip Code	2000.00
Des Moines IA 50312	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Yard signs Category/ Type 004	01 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Jeb Bush Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought Disbrace 5013180.99	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Redwave Communications LLC	01 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4019 Ingersoll Ave	Amount
City State Zip Code	2000.00
Des Moines IA 50312	Transaction ID : 002 Date of Disbursement or Obligation
Purpose of Expenditure Yard signs Category/ Type 004	01 07 7 2016
Name of Federal Candidate Support Offic	e Sought: House District:
Jeb Bush Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	4000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Buto	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	